

10/16/04

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

27551 7590 07/16/2004

HOWREY SIMON ARNOLD & WHITE LLP
 2941 FAIRVIEW PARK DR, BOX 7
 FALLS CHURCH, VA 22042



10/19/2004 SDIRETA2 00000002 012508 09927619

01 FC:1501 1370.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

EXPRESS EV317619618US

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for ~~first class~~ mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Michelle C. Replegole	(Depositor's name)
	(Signature)
Oct 15, 2004	October 15, 2004
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/927,619	08/10/2001	Arvind D. Patel	11836.0702.NPUS00	S353

TITLE OF INVENTION: BIODEGRADABLE SURFACTANT FOR INVERT EMULSION DRILLING FLUID

10/20/2004 SDIRETA1 00000043 012508 09927619

01 FC:1504 300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TUCKER, PHILIP C	1712	507-136000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input checked="" type="checkbox"/> Howrey Simon Arnold & White LLP
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

M-I LLC

Houston, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>01-2508*</u> (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

***11836.0702.NPUS00

b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)

(Date)

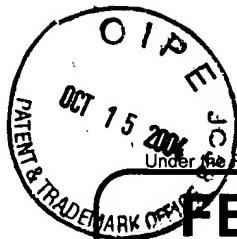
October 15, 2004

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FEET TRANSMITTAL

for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1670.00)

Complete if Known

Application Number	09/927,619
Filing Date	August 10, 2001
First Named Inventor	PATEL, Arvind D.
Examiner Name	TUCKER, Phillip C.
Art Unit	3672
Attorney Docket No.	11836.0702.NPUS00

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number	01-2508/11836.0702.NPUS00
Deposit Account Name	Howrey Simon Arnold & White LLP

The Director is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
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- Charge any additional fee(s) or any underpayment of fee(s)
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-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X	=
			- 3** =	X	=

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65	2051 65	Surcharge - late filing fee or oath		
1052 50	2052 25	2052 25	Surcharge - late provisional filing fee or cover sheet		
1053 130	1053 130	1053 130	Non-English specification		
1812 2,520	1812 2,520	1804 920*	For filing a request for ex parte reexamination		
1804 920*	1804 920*	1805 1,840*	Requesting publication of SIR prior to Examiner action		
1805 1,840*	1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action		
1251 110	2251 55	2251 55	Extension for reply within first month		
1252 420	2252 210	2252 210	Extension for reply within second month		
1253 950	2253 475	2253 475	Extension for reply within third month		
1254 1,480	2254 740	2254 740	Extension for reply within fourth month		
1255 2,010	2255 1,005	2255 1,005	Extension for reply within fifth month		
1401 330	2401 165	2401 165	Notice of Appeal		
1402 330	2402 165	2402 165	Filing a brief in support of an appeal		
1403 290	2403 145	2403 145	Request for oral hearing		
1451 1,510	1451 1,510	1451 1,510	Petition to institute a public use proceeding		
1452 110	2452 55	2452 55	Petition to revive - unavoidable		
1453 1,330	2453 665	2453 665	Petition to revive - unintentional		
1501 1,330	2501 665	2501 665	Utility issue fee (or reissue)	1370.00	
1502 480	2502 240	2502 240	Design issue fee		
1503 640	2503 320	2503 320	Plant issue fee		
1460 130	1460 130	1460 130	Petitions to the Commissioner		
1807 50	1807 50	1807 50	Processing fee under 37 CFR 1.17(q)		
1806 180	1806 180	1806 180	Submission of Information Disclosure Stmt		
8021 40	8021 40	8021 40	Recording each patent assignment per property (times number of properties)		
1809 770	2809 385	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))		
1810 770	2810 385	2810 385	For each additional invention to be examined (37 CFR 1.129(b))		
1801 770	2801 385	2801 385	Request for Continued Examination (RCE)		
1802 900	1802 900	1802 900	Request for expedited examination of a design application		
Other fee (specify) Publication Fee \$300.00					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$ 1670.00)					
300.00					

(Complete if applicable)

Name (Print/Type)	Michelle C. Reogle	Registration No. (Attorney/Agent)	54,394	Telephone	713.787.1535
Signature			Date	October 15, 2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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